

Wegmans Pharmacy #162  
650 Hylan Drive  
Rochester, NY 14623  
Phone: 585-424-7350  
Fax: 585-424-7540

Email: [Pharmacy.Store062@wegmans.com](mailto:Pharmacy.Store062@wegmans.com)  
In the event of an emergency, please do not use email.



**Patient Information** (please print clearly)

**Student Name**

\_\_\_\_\_  
Last First MI

**Gender**  Female  Male

**Date of Birth**

\_\_\_\_\_  
Month Day Year

**Medication Allergies** \_\_\_\_\_

**Home Address (For insurance purposes)**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

**Preferred Contact Information**

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
email (if hearing impaired only)

**Insurance Information**

\_\_\_\_\_  
Name of Insurance

\_\_\_\_\_  
Member/ Subscriber ID Number

\_\_\_\_\_  
RX Bin Number

\_\_\_\_\_  
RX PCN Number (if Provided)

\_\_\_\_\_  
RX Group Number

\_\_\_\_\_  
Member/Pharmacy Services number on back of insurance card